

PART B - FEE(S) TRANSMITTAL

JUN 07 2004
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/477,730	01/05/2000	KOICHI SUGITA	4859-0029-0	9663

TITLE OF INVENTION: NOVEL VECTOR FOR INTRODUCING A GENE INTO A PLANT USING A SELECTABLE MARKER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/20/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
COLLINS, CYNTHIA E	1638		435-320100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 OBLOJ, SPIVAK,2 MCCLELLAND, MAIER3 & NEUSTADT, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nippon Paper Industries Co., Ltd. Tokyo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies -10- The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Suresh Sachan 34,423 6-7-04

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02 FC:8001 30.00 0P

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